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CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

Amended TB CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		3		3		3
9		2		2		2
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		2		2		2
17		2		2		2
18		1		1		1
19		1		1		1
20		3		3		3
21		3		3		3
22		3		3		3
23		3		3		3
24		3		2		2
25		3		2		2
26		1		1		1
27		1		1		1
28		3		3		3
29		3		3		3
30		3		3		3
31		3		3		3
32		3		3		3
33		3		3		3
34		3		3		3
35		3		3		3
36		3		3		3
37		3		3		3
38		3		3		3
39		3		3		3
40		3		3		3
41		3		3		3
42		3		3		3
43		3		3		3
44		3		3		3
45		3		3		3
46		3		3		3
47		3		3		3
48		3		3		3
49		3		3		3
50		3		3		3
51		3		3		3
52		3		3		3
53		3		3		3
54		3		3		3
55		3		3		3
56		3		3		3
57		3		3		3
58		3		3		3
59		3		3		3
60		3		3		3
61		3		3		3
62		3		3		3
63		3		3		3
64		3		3		3
65		3		3		3
66		3		3		3
67		3		3		3
68		3		3		3
69		3		3		3
70		3		3		3
71		3		3		3
72		3		3		3
73		3		3		3
74		3		3		3
75		3		3		3
76		3		3		3
77		3		3		3
78		3		3		3
79		3		3		3
80		3		3		3
81		3		3		3
82		3		3		3
83		3		3		3
84		3		3		3
85		3		3		3
86		3		3		3
87		3		3		3
88		3		3		3
89		3		3		3
90		3		3		3
91		3		3		3
92		3		3		3
93		3		3		3
94		3		3		3
95		3		3		3
96		3		3		3
97		3		3		3
98		3		3		3
99		3		3		3
100		3		3		3
TOTAL IND.	7		7		7	
TOTAL DEP.	82		82		82	
TOTAL CLAIMS	89		89		89	

	* AS FILED		* Amended TB		* Amended TB	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52		1		1		1
53		3		3		3
54		3		3		3
55		3		3		3
56		3		3		3
57		1		1		1
58		3		3		3
59		3		3		3
60		1		1		1
61		1		1		1
62		1		1		1
63		1		1		1
64		1		1		1
65		1		1		1
66	1	1	1	1	1	1
67		1		1		1
68		1		1		1
69		3		3		3
70		3		3		3
71		3		3		3
72	1	1	1	1	1	1
73		1		1		1
74		1		1		1
75		1		1		1
76		①		①		①
77	1	1	1	1	1	1
78		1		1		1
79		1		1		1
80		1		1		1
81		4		4		4
82		4		4		4
83		4		4		4
84		4		4		4
85		4		4		4
86		4		4		4
87		4		4		4
88	1	1	1	1	1	1
89		1		1		1
90	1	1	1	1	1	1
91		1		1		1
92		1		1		1
93		1		1		1
94		1		1		1
95		1		1		1
96		1		1		1
97		1		1		1
98	1	1	1	1	1	1
99		1		1		1
100		1		1		1
TOTAL IND.	7		7		7	
TOTAL DEP.	82		82		82	
TOTAL CLAIMS	89		89		89	

3K 90
22
4K 22
28
27+

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NEED FOR ADDITIONAL CLAIMS OR AMENDMENTS

is 166

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		/
2	/		/		/	
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/		/
12		/		/		/
13		/		/		/
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
39	/		/		/	
40	/		/		/	
41	/		/		/	
42	/		/		/	
43	/	/	/	/	/	/
44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	9		9		9	
TOTAL DEP.	117		117		117	
TOTAL CLAIMS	126		126		126	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52	/		/		/	
53		/		/		/
54	/		/		/	
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
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71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
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77		/		/		/
78		/		/		/
79		/		/		/
80		/		/		/
81		/		/		/
82		/		/		/
83		/		/		/
84		/		/		/
85		/		/		/
86		/		/		/
87		/		/		/
88		/		/		/
89		/		/		/
90		/		/		/
91		/		/		/
92		/		/		/
93		/		/		/
94		/		/		/
95		/		/		/
96		/		/		/
97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
TOTAL IND.	6		4		5	
TOTAL DEP.	14		12		16	
TOTAL CLAIMS	20		16		21	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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145						
146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
152						
153						
154						
155						
156						
157						
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179						
180						
181						
182						
183						
184						
185						
186						
187	1					
188		1				
189		1				
190		3				
191		3				
192		3				
193		3				
194		3				
195		1				
196		1				
197		1				
198		1				
199		1				
200		1				
TOTAL IND.	1					
TOTAL DEP.		23				
TOTAL CLAIMS		24				

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1					2 51						
202		1					2 52						
203		8					2 53						
204		9					2 54						
205		9					2 55						
206							2 56						
207							2 57						
208							2 58						
209							2 59						
210							2 60						
211							2 61						
212							2 62						
213							2 63						
214							2 64						
215							2 65						
216							2 66						
217							2 67						
218							2 68						
219							2 69						
220							2 70						
221							2 71						
222							2 72						
223							2 73						
224							2 74						
225							2 75						
226							2 76						
227							2 77						
228							2 78						
229							2 79						
230							2 80						
231							2 81						
232							2 82						
233							2 83						
234							2 84						
235							2 85						
236							2 86						
237							2 87						
238							2 88						
239							2 89						
240							90						
241							2 91						
242							2 92						
243							2 93						
244							2 94						
245							2 95						
246							2 96						
247							2 97						
248							2 98						
249							2 99						
250							3 00						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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